

## 2005-2007 RURAL HEALTH DEMONSTRATION PROJECT-PROPOSAL FORMAT

Participating Plan Name: \_\_\_\_\_ Project Number: \_\_\_\_\_

Project Title: \_\_\_\_\_

Check Project Type: ☐ Special Population ☐ Geographic Access

Special Population or Geographic Area to be served:

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Project Partner: \_\_\_\_\_

Is the partner currently part of the plan's HFP network? If not, when will they be added?

**Location(s):** Describe the geographic location of the project including county and city.

**Areas to be covered:** MSSAs or counties covered.

*\*Please note that projects for Geographic Access must be located in a rural Medical Services Study Area (MSSA). To verify MSSA information log onto [www.ruralhealth.ca.gov](http://www.ruralhealth.ca.gov) or call Alba Quiroz-Garcia at (916) 327-7969.*

**Special Population Project Description:** Describe how the project will address the unique access needs of special populations and the extent to which the proposal is designed to reduce health disparities among children in the target populations.

**Geographic Access Project Description:**

Describe how the project will address the unique access needs of geographically isolated rural and frontier areas. The type of services needed in the community, the availability of providers or how the project will make providers available where services are non-existent.

*Use additional space as necessary, but limit this section to no more than 2 pages, project description should be concise and clear.*

## BUDGET

**Project Period Requested** (check all that apply) ☐ 7/1/05 – 6/30/06 ☐ 7/1/06 – 6/30/07

For each period requested, please complete the following:

### **Project Budget 7/1/05 – 6/30/06**

Is reimbursement requested for: (check one) ☐ Lump Sum ☐ Rate Enhancement

Itemized Total Budget Requested for:

Personnel Salaries \$ \_\_\_\_\_

Fringe Benefits (%) \_\_\_\_\_ \$ \_\_\_\_\_

Other direct program costs \$ \_\_\_\_\_

Supplies and collateral materials \$ \_\_\_\_\_

Total (less admin costs) \$ \_\_\_\_\_

Plan Administration % \_\_\_\_\_ \$ \_\_\_\_\_

Grand Total \$ \_\_\_\_\_

### **Project Budget 7/1/06 – 6/30/07**

Is reimbursement requested for: (check one) ☐ Lump Sum ☐ Rate Enhancement

Itemized Total Budget Requested for:

Personnel Salaries \$ \_\_\_\_\_

Fringe Benefits (%) \_\_\_\_\_ \$ \_\_\_\_\_

Other direct program costs \$ \_\_\_\_\_

Supplies and collateral materials \$ \_\_\_\_\_

Total (less admin costs) \$ \_\_\_\_\_

Plan Administration % \_\_\_\_\_ \$ \_\_\_\_\_

Grand Total \$ \_\_\_\_\_

**PROVIDER'S EXPERIENCE WITH THE SPECIAL POPULATION OR GEOGRAPHIC ACCESS AREAS**

**Special Population**-Describe provider's experience with special population, including how long they have been serving the special population, the estimated numbers of special population served annually and the source for the reported numbers – OSHPD, Medi-Cal, self-reported or other.

**Geographic Access**-Describe providers experience working with geographically isolated communities and knowledge of community needs.

**Estimated number of HFP children enrolled in plan in areas to be served:**

**Estimated number of HFP children to be served by project:**

**Expected outcomes:** For example, reduction in health disparities in children in the special population or increasing access to health care in geographic isolated communities. Describe what the project will demonstrate.

**Project Feasibility:** Can the plan partner meet the established goals and objectives according to timelines? If staffing is requested, has any work been initiated to find the healthcare provider requested? Have any issues related to licenses or operating permits been addressed prior to submitting proposals, and are projected timelines realistic?

**Data Collection and Reporting:** Provider's ability to collect and report demographic and utilization data. Describe how the data collection process will be implemented. Provide some detail of your data processing capabilities.

**Other:** Include if the plan project partner has been funded through the RHDP in the past from MRMIB? If yes, list the year, project number and funding amount.

*Any other information that justifies your request and strengthens your proposal.*

<p><i>* Proposals submitted must address all areas outlined in this format.</i></p>
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**Premium Rates for the Rural Health Demonstration Projects**  
Listed on Attachment V for contract year 2005-06

Rural Demonstration Project: Proposed Rate Enhancement - Geographic Access Proposals Only						
<b>Rates by Region</b>	Geographic Area 1	Geographic Area 2	Geographic Area 3	Geographic Area 4	Geographic Area 5	Geographic Area 6
Per subscriber per month rate ages 1 thru 18						
<b>Rates by Region</b>	Geographic Area 1	Geographic Area 2	Geographic Area 3	Geographic Area 4	Geographic Area 5	Geographic Area 6
Per subscriber per month rate under age one*						
*Plans are to leave infant rates blank. MRMIB will calculate infant rate.						
Rural Demonstration Project: Lump Sum Payments-Geographic Access						
	Project #	Project #	Project #	Project #	Project #	Project #
Project						
Requested Payment						
	Project #	Project #	Project #	Project #	Project #	Project #
Project						
Requested Payment						

Rural Demonstration Project: Lump Sum Payments for Special Populations						
	Project #	Project #	Project #	Project #	Project #	Project #
Project						
Requested Payment						
	Project #	Project #	Project #	Project #	Project #	Project #
Project						
Requested Payment						
	Project #	Project #	Project #	Project #	Project #	Project #
Project						
Requested Payment						

# Healthy Families Program

[illegible]

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[illegible]